STUDY NUMBER 12/64

NAME:		
AGE:		
ADDRESS:		
OCCUPATION:		
QUESTIONNAIRE	YES	NO
Do you work in a factory		
Do you work in a shop		
Do you work in an office		
Do you work indoors		
Do you work outdoors		
Are you exposed to pollen		
Do you drive		
Do you spend much time in traffic		
Are you at home most evenings		
Do you cook most evenings		
Do you have central heating		
Do you have a coal fire		
Do you have a gas fire		
Do you have an electric fire		
Do you live near a main road		
Do you have good ventilation at home		
Do you smoke		
Does your spouse smoke		
Does anyone else in the household smoke		
Are you exposed to tobacco smoke at work		
Are you exposed to tobacco smoke at leisure		

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Source: https://www.industrydocuments.ucsf.edu/docs/ftlm0000